

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031250

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4449

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

23078

3

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94201

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13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

George K. Boyd MEDICAL CERTIFICATION

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4449

STATE FILE NUMBER

FILED SEP 10 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City

Length of stay in 1b

60 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Joseph Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY

OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

327 South Lawn

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

JAMES

Middle

H.

Last

RATLIFF

4. DATE OF DEATH

Month

Day

Year

August 27, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-30-1886

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Auditor, Sunshine Biscuit Inc.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Cass County, Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Isaiah Ratliff

13b. MOTHER'S MAIDEN NAME

Mary E. Shingleton

14. NAME OF HUSBAND OR WIFE

Lillian Ratliff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Lillian Ratliff Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Circulatory Shock

INTERVAL BETWEEN ONSET AND DEATH

30 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocardial Infarction

2 hrs

DUE TO (c)

Coronary Sclerosis

2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan. 1960 to present and last saw him alive on 8-27-62

Death occurred at 2:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

George K. Boyd M.D.

22b. ADDRESS

5111 Independence Ave

22c. DATE SIGNED

8/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-29-1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Moriah

23d. LOCATION (City, town, or county)

Kansas City, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Freeman Mortuary

Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

8-28-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

In. Boyl

Se. Joseph Hoop.

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

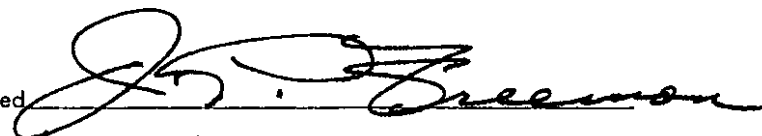
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No. 2939

P. O. Address 5. C. 540.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.